Joint Multi-Cluster Needs Assessment
Lower Shabelle, Somalia

June-August 2021

CONTEXT

Somalia has been experiencing a multi-layered, complex, and protracted crisis over the past three decades. Insecurity and armed conflict continue to exacerbate the effects of periodic natural disasters and climate-driven shocks, such as droughts and flooding. Crops have been affected by large swarms of locusts in the region in late 2019 and again in 2020[1]. In addition, in March 2020, COVID-19 cases were confirmed in the country. This situation and the precautionary measures taken to curb the spread of the virus have likely further complicated the needs and capacities of affected communities as well as the ability of humanitarian agencies to respond to those needs. Somalia's informal economy, based on remittances, foreign imports and agriculture, has been heavily impacted by COVID-19[2].

Thus, there is a pressing need for an integrated and harmonised humanitarian response plan to continue support and interventions that address these complex impacts and an imperative for continued nationally-representative needs assessments to provide the required evidence base for such response planning. To this end, REACH supported the Office for the Coordination of Humanitarian Affairs (OCHA) with conducting the fourth Joint Multi-Cluster Needs Assessment (JMCNA).

METHODOLOGY

Data was collected between 13 June and 6 August 2020 by means of a household-level survey. The survey tool was designed in close collaboration with representatives from the Assessment Working Group (AWG), OCHA, the Inter-Cluster Coordination Group (ICCG) and all humanitarian clusters active in Somalia, who supported the development of key indicators. Households were selected through a non-probability quota sampling approach; secondary data was used to draw the sampling frames for the displaced and non-displaced population strata. The household survey was administered remotely through phone calls to prevent any risks associated with in-person data collection during COVID-19. Due to the remote data collection and adapted sampling methods, findings cannot be generalised with a known level of precision and should be considered indicative.

This factsheet presents the key multi-sectoral and sectoral findings of the JMCNA through various composite indicators (e.g. the Multi-Sector Needs Index, Living Standard Gaps (LSGs), Capacity Gaps (CGs)). Please find a detailed description of the methodology in the annexes.

To provide a local, context-specific overview, this factsheet presents a summary of findings of assessed settlements in Lower Shabelle region only. The nation-wide, sectoral factsheets are

Assessment sample

Households:	**714**
- IDP settlements:	**492**
- non-IDP settlements:	**222**

Demographics

% of total household members (n= 5817) reported per age bracket:

Female (47%)	Age	Male (53%)
2%	60+	2%
4%	41-59	5%
11%	18-40	9%
9%	13-17	11%
12%	6-12	14%
10%	0-5	12%

Households with vulnerable heads of household: 13%

Average household size: 8

General household information

Two most common sources of COVID- 19 information, as reported by households[3]:

1	Health worker at health facility	64%
2	Religious leaders	42%

Two most commonly reported preferred sources through to receive information about COVID-19[3]:

1	Word of mouth	57%
2	Radio classes	45%

Two most common behaviours adapted to prevent COVID-19 spreading, as reported by households[3]:

1	Stopping handshakes or physical contact	48%
2	Keeping distance from people	42%

The most commonly reported reasons for not taking action on COVID-19 were **COVID-19 is not prevalent in the area (75%), not at high-risk of getting COVID-19 (12%)[3-6].**

Displacement

Top three reported reasons for leaving previous location[4,5]:

1	Actual conflict/ fear of conflict in community or surrounding area	26%
2	Conflict in surrounding area, but not in my community	23%
3	Drought	17%

Top three reported reasons for coming to current location[4,5]:

1	Presence of food distribution/food aid	27%
2	Availability of work/ income opportunities	23%
3	No conflict	22%

Accountability to Affected Populations

42% of households reported having at least one member who could not read or write

11% of households reported having received aid in the 30 days prior to data collection

16% of households reported having experienced barriers in accessing aid in the 30 days prior to data collection

Among those households, the most commonly reported barriers were **lack of information (85%), physically unable to access points of aid distribution (17%), exclusion by camp managers/gatekeepers (5%).**

Top three most commonly reported priority needs:

1	Shelter	47%
2	Healthcare	44%
3	Food	40%

[1] Desert Locust Emergency in Somalia April 2020
[2] COVID-19 Impact Update No. 14 (November 2020)
[3] The respondents were able to select multiple responses.
[4] Findings related to 119 households in both IDP and non-IDP settlements who reported being displaced.
[5] The respondents were able to select only two responses
[6] These findings relate to the subset 111 of households who reported no behaviours adapted to prevent COVID-19 spreading.

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WATER, SANITATION & HYGIENE (WASH) LIVING STANDARDS GAP (LSG)[1-2]

June-August
Lower Shabelle

% of households with a WASH LSG: 91%

see Annex for details on methodology

% of households per WASH LSG severity score:

21%	Extreme +	(severity score 4+)	LSG
30%	Extreme	(severity score 4)	
40%	Severe	(severity score 3)	
6%	Stress	(severity score 2)	
3%	No or minimal	(severity score 1)	

The main drivers of WASH LSGs were found to be:

- Households without access to an improved water source **(42%)**
- Households without access to sufficient quantity of drinking water **(24%)**
- Households without access to soap at home **(52%)**
- Households without access to a functional and improved sanitation facility **(74%)**

% of households with a WASH LSG, per population group:

IDP settlement	99%
Non-IDP settlement	90%

% of households per WASH LSG severity score, per population group:

	1	2	3	4	4+
IDP settlement	0%	1%	44%	37%	18%
Non-IDP settlement	3%	7%	39%	30%	21%

Proportion of households reporting not having sufficient water for the following purposes[3]:

IDP settlement		Non-IDP settlement
17%	Not enough water for cooking, bathing, washing, and other domestic uses	31%
12%	Not enough water for domestic purposes only	14%
53%	Not enough water for personal hygiene only	60%

Most commonly reported barriers to accessing water[3]:

Waterpoints are too far	28%
Water points are difficult to reach (especially for people with disabilities)	24%
Insufficient number of water points / waiting time At water points;	19%

Most commonly reported coping mechanisms used to deal with limited availability of water[3]:

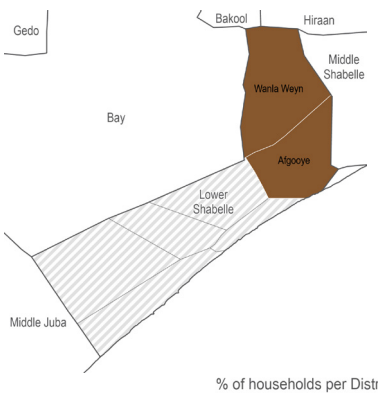
IDP settlement		Non-IDP settlement
24%	Rely on surface water for drinking water;	34%
25%	Rely on less preferred (unimproved/untreated) water sources for drinking water;	31%

Most commonly reported problems related to accessing sanitation facilities[3]:

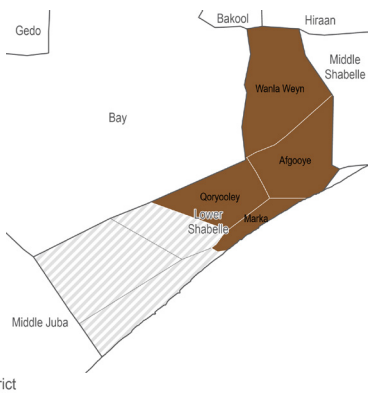
IDP settlement		Non-IDP settlement
38%	Sanitation facilities (latrines/toilets) are not functioning or full	34%
30%	Sanitation facilities (latrines/toilets) are unclean/ unhygienic	32%

% of households with a WASH LSG, per district:

IDP settlement



Non-IDP settlement



% of households per District

0%	41 - 60%	No data	
1 - 20%	61 - 80%	Regional boundary	
21 - 40%	81 - 100%		

[1] The composite indicator primarily consist of the following indicators: water source; water quantity; access to soap; access to sanitation facilities; perceived safety at sanitation facilities. For more specific information on the composite indicators, please refer to annex 4.

[2] Living Standard Gap (LSG): signifies an unmet need in a given sector, where the LSG severity score is 3 or higher.

[3] The respondents were able to select multiple responses.

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HEALTH LIVING STANDARDS GAP (LSG)[1]

June-August
Lower Shabelle

% of households with a health LSG: 36%

see Annex for details on methodology

% of households per health LSG severity score:

9%	Extreme +	(severity score 4+)	LSG
11%	Extreme	(severity score 4)	
16%	Severe	(severity score 3)	
9%	Stress	(severity score 2)	
55%	No or minimal	(severity score 1)	

The main drivers of health LSGs were found to be:

- Households with at least one member who had been ill in the two weeks prior to data collection and it taking more than one hour to reach the nearest healthcare facility by foot **(2%)**
- Households with women of reproductive age (15-49 years old) who had given a life birth in the two years prior to data collection without having been attended by skilled health personnel **(14%)**
- Households that do not have access to a functional healthcare facility within 1-hour walking distance **(13%)**

% of households with a health LSG, per population group:

IDP settlement	35%
Non-IDP settlement	36%

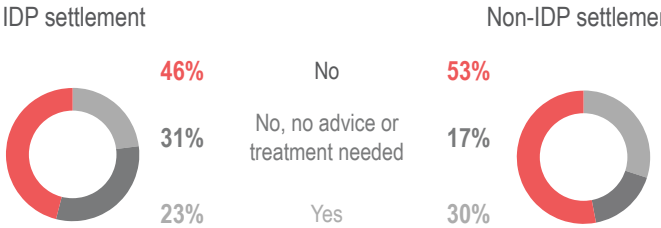
% of households per health LSG severity score, per population group:

	1	2	3	4	4+
IDP settlement	52%	13%	17%	11%	7%
Non-IDP settlement	56%	8%	15%	11%	10%

Average reported time to the nearest health facility by foot:

	Less than 15 minutes	15-30 minutes	30-60 minutes	1-3 hours	More than 3 hours
IDP settlement	9%	38%	32%	13%	5%
Non-IDP settlement	12%	38%	31%	14%	3%

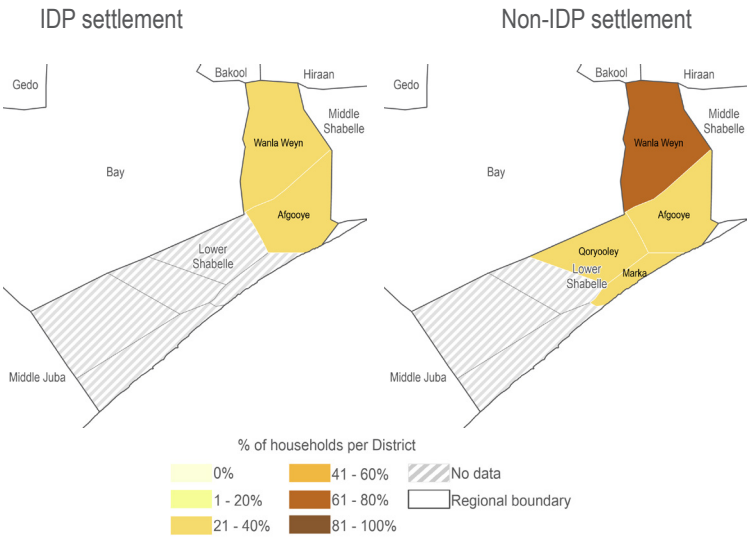
Households reporting having been able to access healthcare facilities in the six months prior to data collection:



Three most commonly reported problems encountered when accessing health services or treatment[2]:

Cost of services and/or medicine was too high	51%
Did not get qualified health staff at the health facility	15%
Have not tried to access medical services	14%

% of households with a health LSG, per district:



Five most commonly reported illnesses or injuries household members had in the past two weeks prior to data collection:

IDP settlement		Non-IDP settlement
12%	Fever	15%
6%	Diarrhea	4%
1%	Cough with fast or difficult breathing	1%
1%	Skin infections	1%
1%	Eye infections	0%

[1] The composite indicator primarily consist of the following indicators: access to care for sick or injured, unvaccinated children, site of births, barriers to healthcare facilities, individuals present at childbirth, distance to healthcare facilities. For more specific information on the composite indicators, please refer to annex 4.

[2] The respondents were able to select multiple responses.

[3]These findings are related to the subset 692 of households reporting presence of a pregnant or lactating household member.

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NUTRITION LIVING STANDARDS GAP (LSG)[1]

June-August
Lower Shabelle

% of households with a nutrition LSG: 71%

see Annex for details on methodology

% of households per nutrition LSG severity score:

25%	Extreme	(severity score 4)	LSG
46%	Severe	(severity score 3)	LSG
24%	Stress	(severity score 2)	
5%	No or minimal	(severity score 1)	

The main critical indicators that determined Nutrition LSGs were found to be:

- Households with child(ren) reportedly ill at the time of data collection **(28%)**
- Households with child(ren) not eating properly **(9%)**
- Households with child(ren) reporting barriers to accessing nutrition services or treatment **(66%)**

Note: Unless stated otherwise, findings on this page are only reported on the subset of 701 assessed households with children. Nutrition LSGs are only calculated for this subset.

% of households with a nutrition LSG, per population group:

IDP settlement	100%
Non-IDP settlement	71%

% of households per nutrition LSG severity score, per population group:

	1	2	3	4
IDP settlement	5%	29%	42%	24%
Non-IDP settlement	5%	24%	46%	25%

IDP settlement		Non-IDP settlement
16%	**Among households with children, proportion reporting their child(ren) having been enrolled in a nutritional centre/therapeutic feeding centre in the 6 months prior to data collection:**	15%
9%	**Among households with children proportion reporting having access to mobile nutrition team able to assess for malnutrition in the 6 months prior to data collection:**	11%

Average reported time to the nearest nutrition facility:

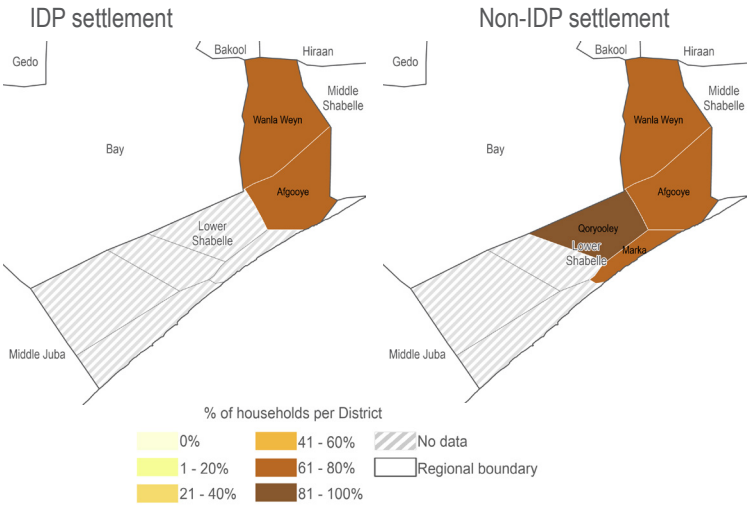
	Less than 15 minutes	15-30 minutes	30-60 minutes	1-3 hours	More than 3 hours
IDP settlement	14%	39%	42%	2%	0%
Non-IDP settlement	11%	44%	28%	13%	4%

Three most commonly reported types of nutrition barriers reported by households with children[2]:

Unaware that supplements are available	46%
Unaware that services are available	33%
Difficulty in enrolling children in	33%

Among households with children, proportion reporting perceiving their child(ren) being too thin:

% of households with a nutrition LSG, per district:



[1] The composite indicator primarily consist of the following indicators: children's nutrition condition, admission to nutrition centres, barriers to nutrition services, children's health condition. For more specific information on the composite indicators, please refer to annex 4.

[2] The respondents were able to select multiple responses.

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SHELTER & NON-FOOD ITEMS (SNFI) LIVING STANDARDS GAP (LSG)[1]

June-August
Lower Shabelle

% of households with an SNFI LSG: 83%

see Annex for details on methodology

% of households per SNFI LSG severity score:

5%	Extreme +	(severity score 4+)	LSG
19%	Extreme	(severity score 4)	
59%	Severe	(severity score 3)	
17%	Stress	(severity score 2)	
0%	No or minimal	(severity score 1)	

The main drivers of shelter & NFI LSGs were found to be:

- Households without access to a safe and healthy housing enclosure unit **(10%)**
- Households whose shelter solutions do not meet agreed technical and performance standards **(47%)**
- Households without access to vital household NFIs **(77%)**

% of households with a SNFI LSG, per population group:

IDP settlement	95%
Non-IDP settlement	83%

% of households per SNFI LSG severity score, per population group:

	1	2	3	4	4+
IDP settlement	0%	5%	30%	63%	2%
Non-IDP settlement	0%	17%	60%	18%	5%

IDP settlement		Non-IDP settlement
10%	**Households who reported a lack of documentation proving their occupancy status:**	**24%**

Three most commonly reported types of housing, land and property (HLP) disputes[2]:

Disputed ownership	12%
Disputes about rent (including payment)	11%
Rules and processes on HLP not clear	9%

Three most commonly reported types shelter damage or defects[2]:

Opening or cracks in roof	36%
Roof partially collapsed	30%
Broken or cracked windows	21%

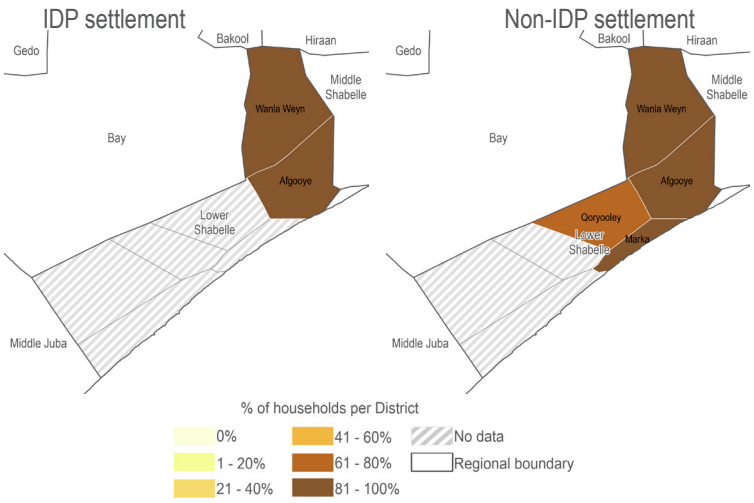
Three most commonly reported types of shelter enclosure issues[2]:

Leaks during heavy rain	53%
Lack of insulation from cold	35%
Leaks during light rain	32%

Four most common types of occupancy status reported by households:

IDP settlement		Non-IDP settlement
39%	Hosted without rent (by family, friends, institution)	27%
26%	Ownership	41%
11%	No occupancy agreement / squatting	3%
17%	Rented	26%

% of households with a shelter LSG, per district:



[1] The composite indicator primarily consist of the following indicators: shelter density, enclosure issues, issues within shelter, occupancy, HLP, material of shelter, damage or defects and NFI - access. For more specific information on the composite indicators, please refer to annex 4.

[2] The respondents were able to select multiple responses.

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EDUCATION LIVING STANDARDS GAP (LSG)[1-2]

June-August
Lower Shabelle

% of households with an education LSG: 94%

see Annex for details on methodology

% of households per education LSG severity score:

94%	Severe[3]	(severity score 3)
2%	Stress	(severity score 2)
4%	No or minimal	(severity score 1)

Education LSGs were found to be primarily driven by:

- Households with school-aged children who reported barriers to accessing education for boys **(80%)**
- Households with school-aged children who reported barriers to accessing education for girls **(81%)**

Note: Unless specified otherwise, findings on this page are only applicable to the subset of 655 assessed households with school-aged children (6-17 years old). Education LSGs are only calculated for this subset.

% of households with an education LSG, per population group:

IDP settlement	97%
Non-IDP settlement	94%

% of households per education LSG severity score, per population group:

	1	2	3
IDP settlement	0%	3%	97%
Non-IDP settlement	4%	2%	94%

IDP settlement — Non-IDP settlement

20% **Households who reported education of their children had been disrupted as a result of the COVID-19 outbreak:** **27%**

Three most commonly reported reasons why children stopped attending school since the outbreak[4]:

Schools have closed	77%
Lack transportation to schools due to Covid-19	44%
Parents prefer that children stay home	24%

Average reported traveling time to the nearest education facility:

	Less than 15 minutes	15-30 minutes	30-60 minutes	1-3 hours	More than 3 hours
IDP settlement	14%	26%	29%	5%	2%
Non-IDP settlement	14%	33%	22%	5%	1%

IDP settlement — Non-IDP settlement

19% **Households reporting all school-aged children in their household who were previously attending school are continuing learning activities remotely since schools have been closed:** **22%**

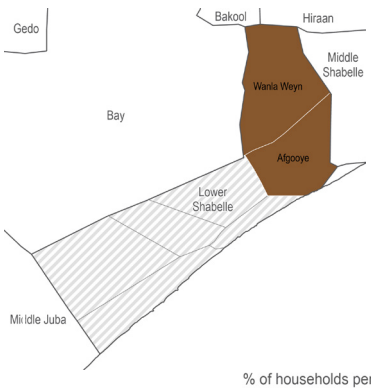
The most commonly reported preferred types of remote learning modalities[4]:

Basic writing materials (pen, paper,	74%
School textbooks	62%
Other paper-based learning materials	33%

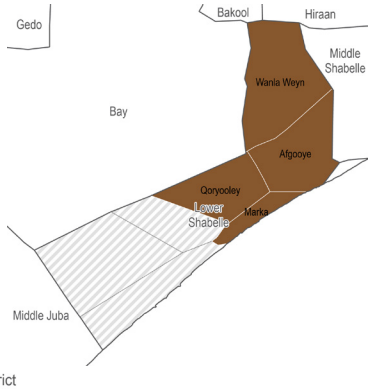
The most commonly reported types of education facilities attended were **Primary mixed school for boys and girls (32%), Quranic school for boys (26%), Quranic school for girls (25%) and Primary school for boys (11%).**

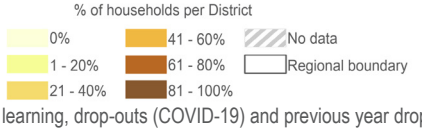
% of households with an education LSG, per district:

IDP settlement



Non-IDP settlement





[1] The composite indicator primarily consist of the following indicators: education facility use, availability, remote learning, drop-outs (COVID-19) and previous year drop-outs. For more specific information on the composite indicators, please refer to annex 4.

[2] The education questions were asked solely to households with school-aged children (6-17 years old)

[3] In line with the analytical framework, Education LSGs are only calculated along three severity scores.

[4] The respondents were able to select multiple responses.

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PROTECTION LIVING STANDARDS GAP (LSG)[1]

June-August
Lower Shabelle

% of households with a protection LSG: 12%

see Annex for details on methodology

% of households per protection LSG severity score:

1%	Extreme +	(severity score 4+)	LSG
1%	Extreme	(severity score 4)	
10%	Severe	(severity score 3)	
63%	Stress	(severity score 2)	
25%	No or minimal	(severity score 1)	

The main driver of protection LSGs was found to be*:

- Households reporting having experienced movement restrictions in the 30 days prior to data collection **(7%)**.

*In addition, the other critical indicator feeding into the LSG was: Households reporting at least one member has experienced a safety and security incident in the 30 days prior to data collection **(0.40%)**.

% of households with a protection LSG, per population group:

IDP settlement	19%
Non-IDP settlement	12%

% of households per protection LSG severity score, per population group:

	1	2	3	4	4+
IDP settlement	15%	66%	10%	2%	7%
Non-IDP settlement	26%	62%	10%	1%	1%

IDP settlement		Non-IDP settlement
3%	Proportion of households who reported gender-based violence (GBV)-related incidents against anybody in their community in the 30 days prior to data collection:	6%
85%	Proportion of households who reported no awareness of medical, legal, or psychological services to address incidents of GBV:	81%
84%	Proportion of households who reported no child-friendly spaces in their community:	74%
2%	Proportion of households who reported their property or possessions were damaged or stolen in the 30 days prior to data collection:	2%
5%	Proportion of households who reported areas in their community where girls or women do not feel safe	5%

Most commonly reported areas in the community where girls and/or women do not feel safe:[2-3]:

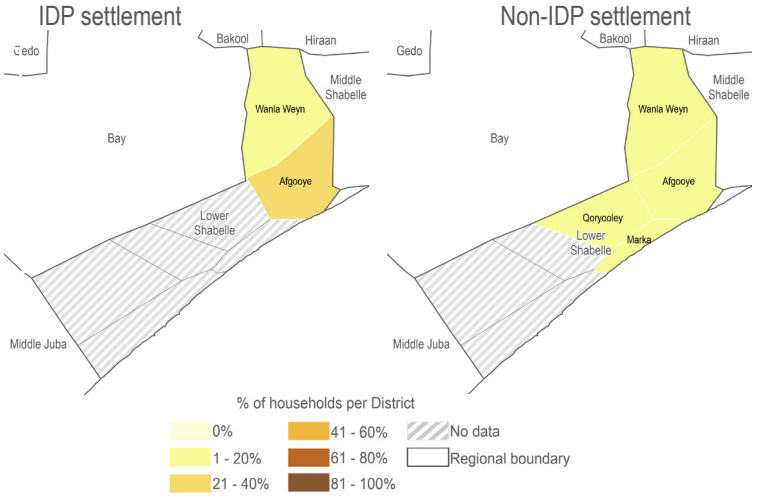
When leaving settlement/town	45%
On the way to markets	23%
At water points	20%

IDP settlement		Non-IDP settlement
4%	Proportion of households who reported areas in their community where boys or men do not feel safe	3%

Most commonly reported areas in the community where boys and/or men do not feel safe[2-4]:

When leaving settlement/town	46%
At water points	22%
At Latrines	15%

% of households with a protection LSG, per district:



[1] The composite indicator primarily consist of the following indicators: child-friendly spaces, services for children, GBV – services, GBV - prevalence, insecurity - women and girls, insecurity - men and boys, security incidents, movement restrictions, child labour and under 18 not residing in households. For more information on the composite indicators, please refer to annex 4.

[2] The respondents were able to select multiple responses

[3] Findings related to households who reported areas in their community where girls or women do not feel safe

[4] Findings related to households who reported areas in their community where boys or men do not felt safe

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MUTLI-SECTORAL NEEDS

June-August
Lower Shabelle

% of households with multi-sectoral needs:[1] 100%

see Annex for details on methodology

% of households per Multi-Sectoral Needs Index (MSNI) severity score:

31%	Extreme +	(severity score 4+)	Multi-sectoral needs
49%	Extreme	(severity score 4)	
20%	Severe	(severity score 3)	
0%	Stress	(severity score 2)	
0%	No or minimal	(severity score 1)	

% of households with multi-sectoral needs, per population group:

IDP settlement	100%
Non-IDP settlement	100%

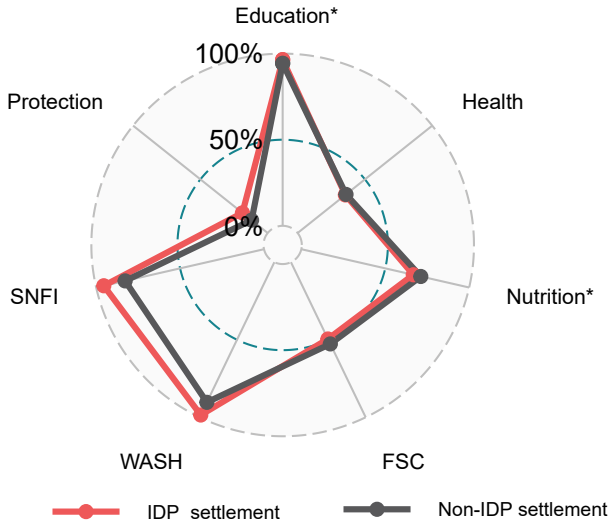
% of households per MSNI severity score, per population group:

	1	2	3	4	4+
IDP settlement	0%	0%	6%	63%	31%
Non-IDP settlement	0%	0%	20%	49%	31%

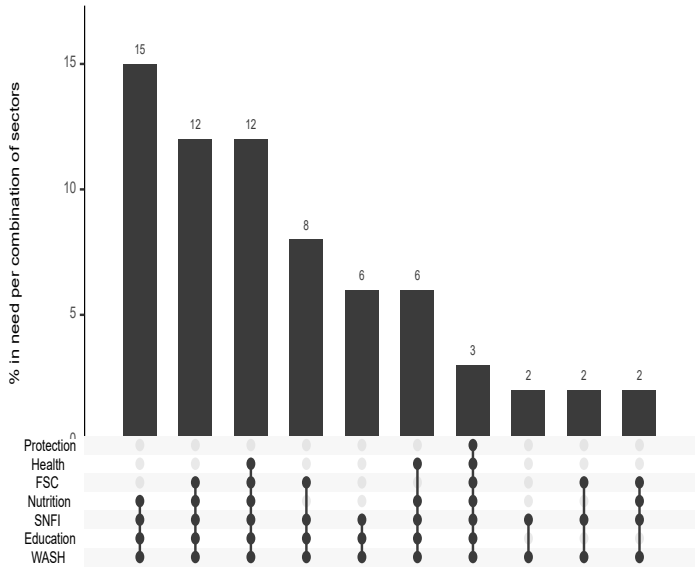
Among households with multi-sectoral needs, % of households with sectoral LSG(s):

Education*	94%
WASH	91%
Shelter	83%
Nutrition*	71%
Health	36%
Protection	12%

% of households with sectoral LSG(s), per population group:



Most common combinations of one or more LSG(s) among households with multi-sectoral needs:



The figure on the left shows the **most common needs profiles**, to identify the **most common "combinations" of one or more LSGs** amongst those in need. Each household has only one needs profile so the percentages cannot add up to more than 100%.

The figure on the left shows the proportion of households in need **by type of LSGs,** to identify the **most commonly co-occuring LSGs** amongst those in need. Each household can have needs in several sectors so the percentages can add up to more than 100%.

Among the **100%** households found to have an overall MSNI of 3 and above, this score was most commonly driven by extreme LSGs in WASH, Education, SNFI and Nutrition (15%), followed by WASH, Education, SNFI, Nutrition and Food security (12%), or WASH, Education, SNFI, Nutrition, Food security and Health (12%).

*LSGs in Education and Nutrition were only calculated for the subset of households with children.

[1] Multi-sectoral needs: proportion of households with an MSNI severity score of at least 3, based on the severity of LSGs identified in each household. This means that each assessed household in Lower Shabelle was found to have at least one sectoral need (LSG).

[2]For more information related to the food security conditions across the country, please refer to the Food Security and Nutrition Analysis Unit (FSNAU) Post-Deyr-Technical-Release Feb-2021.

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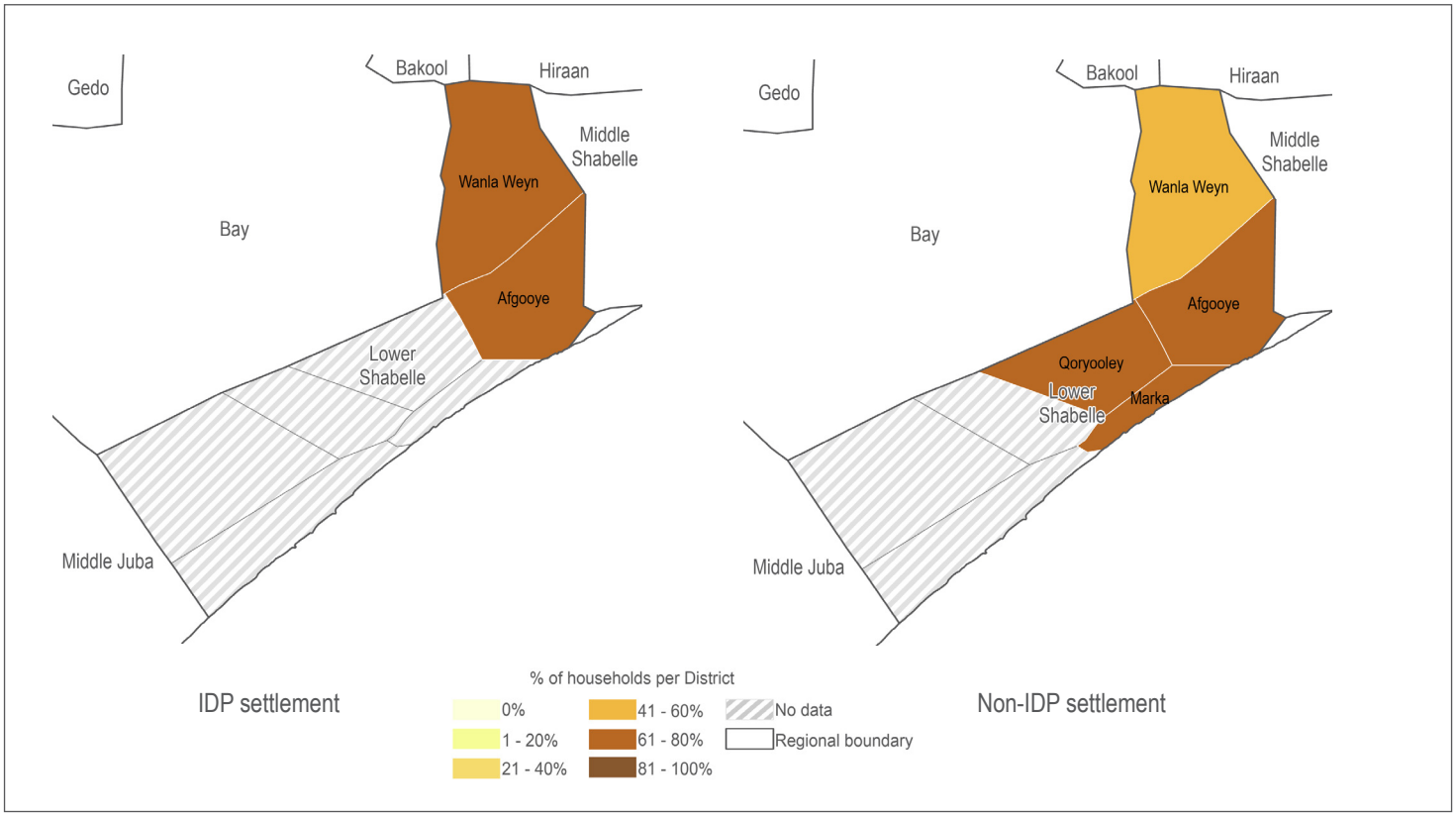
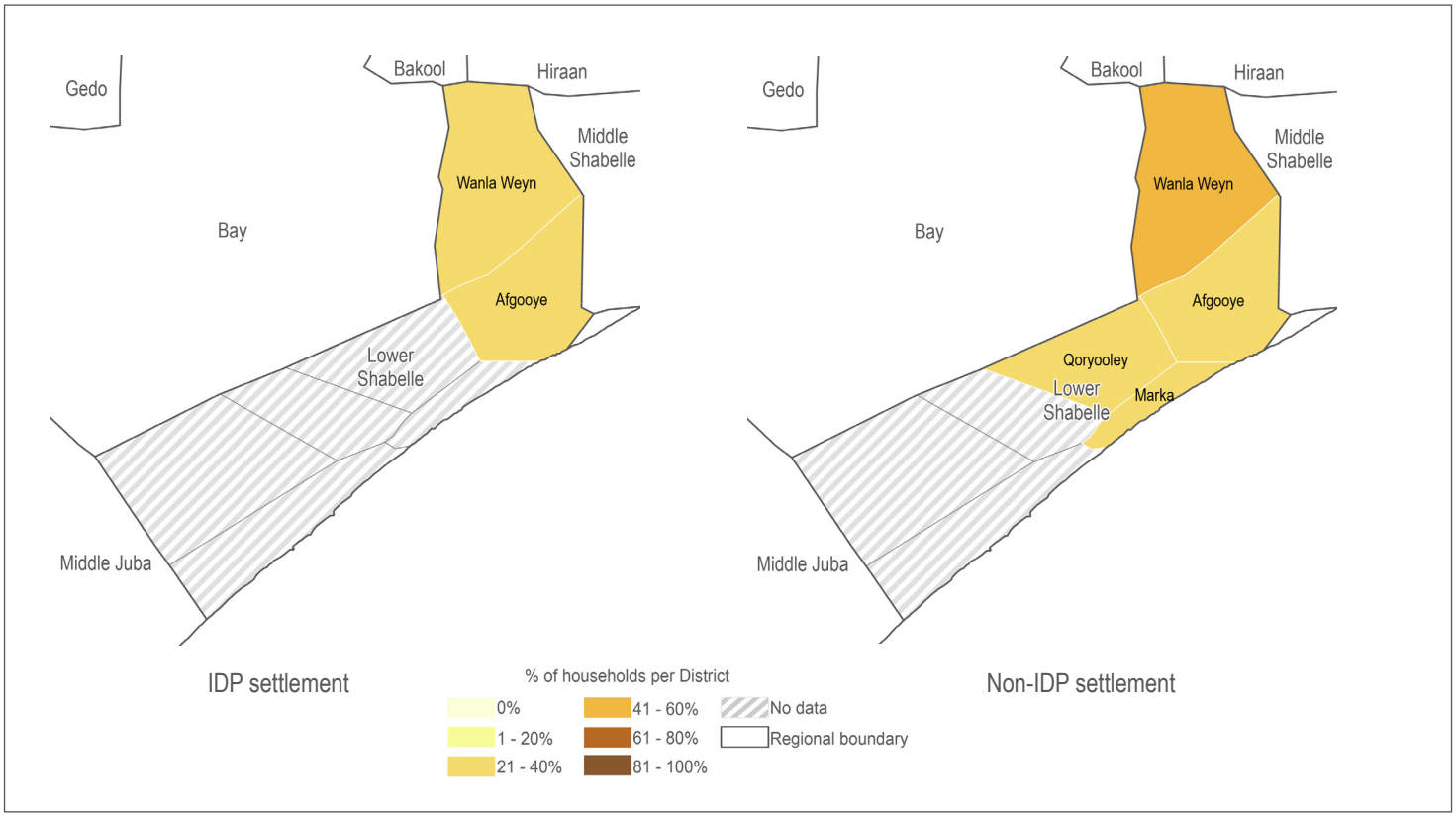
MULTI-SECTORAL NEEDS

June-August
Lower Shabelle

% of households with severe or extreme needs (MSNI severity score of 3 and/or 4), per district:



% of households with extreme needs (MSNI severity score of 4+), per district:



OCHA
REACH Informing more effective humanitarian action

PRE-EXISTING VULNERABILITIES[1]

June-August
Lower Shabelle

Proportion of households reporting having been displaced for longer than one year: **93%**

Proportion of households with an age dependency ratio greater than 0.8*: **89%**

Proportion of households reporting not having any working household members: **83%**

Proportion of households with a vulnerable primary income earner: **13%**

*Ratio of the number of household members aged 15 and younger or 60 and older to the number of household members between the ages of 16 and 59. Higher values indicate that a smaller proportion of adults support more young and elderly members combined.

Proportion of households with at least one pregnant and/or lactating woman: **38%**

Proportion of households reporting having at least one member facing discrimination due to age, disability, or heritage: **12%**

Proportion of households with at least one person with a chronic illness which lasted 3 months or longer at the time of the data collection: **10%**

Proportion of households reporting relying on unstable income sources to meet basic needs: **51%**

Proportion of households with at least one member having lost employment in the three months prior to data collection: **5%**

CAPACITY GAP (CG)[2]

95% of households were found to have at least one Food Security LSG and/or a CG:

- **53%** of households were found to have a food security LSG but no CG in food security.
- **42%** of households were found to have both a food security LSG and a CG in food security.
- **5%** of households were found to have no food security LSG but a CG in food security.

100% of households were found to have at least one WASH LSG and/or a CG:

- **91%** of households were found to have a WASH LSG but no CG in WASH.
- **9%** of households were found to have both a WASH LSG and a CG in WASH.
- **0%** of households were found to have no WASH LSG but a CG in WASH.

96% of households were found to have at least one Education LSG and/or a CG:

- **94%** of households were found to have an LSG in education but no CG in education.
- **2%** of households were found to have both an LSG in education and a CG in education.
- **4%** of households were found to have no education LSG but a CG in education.

14% of households were found to have at least one Protection LSG and/or a CG:

- **12%** of households were found to have a LSG in protection but no CG in protection.
- **2%** of households were found to have both a LSG in protection and a CG in protection.
- **86%** of households were found to have no protection LSG but a CG in protection.

[1] The underlying processes or conditions that influence the degree of the shock and influence exposure, vulnerability or capacity, which could subsequently exacerbate the impact of a crisis on those affected by the vulnerabilities.

[2] The capacity gap (CG) measures a household's resort to negative and/or unsustainable coping strategies to meet basic needs in the 3 months prior to data collection when unable to access basic needs. The CG score was only calculated for the sections presented (WASH, Health, Food Security, and Education).

ANNEX 1: METHODOLOGY OVERVIEW

June-August
Lower Shabelle

The JMCNA aims to fill existing information gaps by collecting critical sectoral and inter-sectoral indicators measuring humanitarian needs. The assessment is designed to inform strategic planning by providing a reliable evidence base for the Humanitarian Needs Overview and Humanitarian Response Plan processes and operational planning by delivering data at the operationally-relevant administrative level. The JMCNA relies on partners' coordinated efforts to encourage joint planning, data collection, analysis, and interpretation of results. Primary data was collected using a household-level survey designed with the participation of the humanitarian clusters in Somalia. Cluster leads outlined information gaps and the type of data required to inform their strategic plans. REACH developed key indicators with the substantive input of participating partners and subsequently validated by clusters. REACH drafted the household survey through an iterative consultation process with cluster partners and OCHA and is aligned, as much as possible, with the draft Joint Inter-Sectoral Analysis Framework (JIAF).

Data collection for the fourth fourth round of the JMCNA used a non-probability quota sampling method. The target numbers for household surveys per population group (households in IDP and non-IDP sites) and districts were taken from the third round of the JMCNA 2019, which set the target number of surveys at a 90% confidence level and 10% margin of error. The contact details used were collected through the three previous rounds of the JMCNA, all of which used a probability stratified cluster sampling method. Having contacted the households via phone based on contact details from the earlier years limited the control over sampling targets in the respective areas. Therefore, a quota sampling approach with a minimum size of 30 surveys per strata was applied. This method leads to results that should be treated indicative rather than representative since the confidence level and margin of error cannot be calculated.

The JMCNA survey was administered to respondents over the phone. A total of 14,268 households were surveyed, of which 10,222 surveys were retained through the data checking and cleaning process. Refugee and returnee households were encountered during data collection and surveyed, they were not included in the previous sample. As a result, they were excluded from the analysis. The results in the factsheet are based on a total of 9,974 households interviewed (in IDP and non-IDP settlements).

For a more detailed overview of the methodology and a comprehensive list of all the composite indicators that were used are included in the **Annex 4** of this document. The terms of reference (ToR) for this assessment can be here.The full dataset with indicators used for this analysis can be found here.

DEFINITIONS

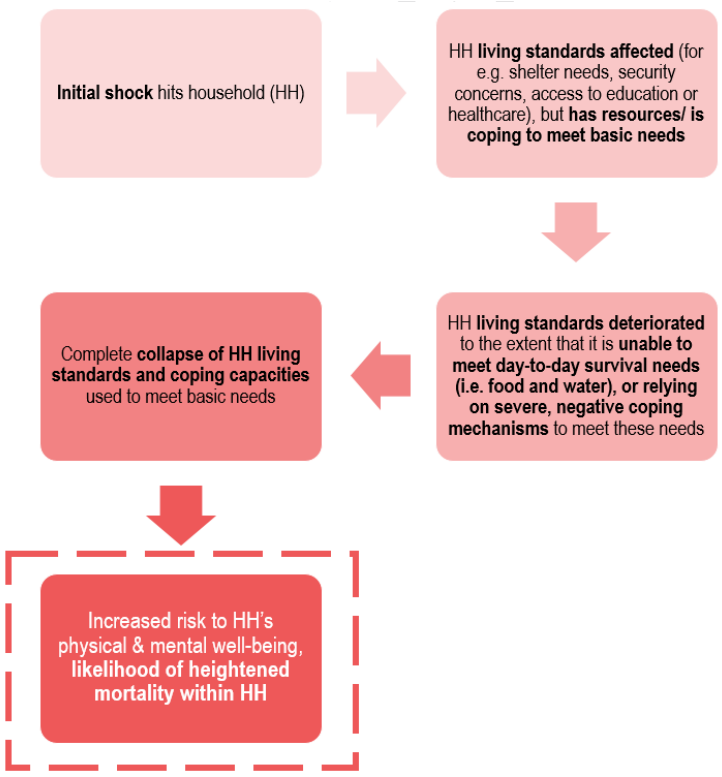
- **Living Standard Gap (LSG)**: signifies an unmet need in a given sector, where the LSG severity score is 3 or higher.
- **Capacity Gap (CG)**: signifies that negative and unsustainable coping strategies are used to meet needs. Households not categorised as having an LSG may be maintaining their living standards through the use of negative coping strategies.
- **Severity**: signifies the "intensity" of needs, using a scale that ranges from 1 (minimal/no) to 4+ (extreme+).
- **Magnitude**: corresponds to the overall number or percentage of households in need.

SEVERITY SCALE

The severity scale is inspired by the draft Joint Inter-Sectoral Analysis Framework (JIAF), an analytical framework being developed at the global level aiming to enhance understanding of needs of affected populations. It measures a progressive deterioration of a household's situation, towards the worst possible humanitarian outcome (see figure 1 on the right).

While the JIAF severity scale includes 5 classifications ranging from 1 (none/ minimal) to 5 (catastrophic), for the purpose of the MSNA, only a scale of 1 (none/ minimal) to 4+ (extreme+) is used. A "4+" score is used where data indicates that the situation could be catastrophic. This is because data that is needed for a score of 5 (catastrophic) is primarily at area level (for example, mortality rates, malnutrition prevalence, burden of disease, etc.) which is difficult to factor into household level analysis. Additionally, as global guidelines on the exact definitions of each class are yet to be finalized, and given the response implications of classifying a household or area as class 5 (catastrophic), REACH is not in a position to independently verify if a class 5 is occurring.

1: Rationale behind the severity scale



ANNEX 2: IDENTIFICATION OF LSG AND CG

The LSG for a given sector is produced by aggregating unmet needs indicators per sector. For the 2020 MSNA, a simple aggregation methodology has been identified, building on the Multidimensional Poverty Index (MPI) aggregation approach. Using this method, each unit (household for example) is assigned a "deprivation" score according to its deprivations in the component indicators. The deprivation score of each household is obtained by calculating the percentage of the deprivations experienced, so that the deprivation score for each household lies between 0 and 100. The method relies on the categorization of each indicator on a binary scale: does ("1") / does not ("0") have a gap. The threshold for how a household is considered to have a particular gap or not is determined in advance for each indicator. The 2020 MSNA aggregation methodology outlined below can be described as "MPI-like", using the steps of the MPI approach to determine an aggregated needs severity score, with the addition of "critical indicators" that determine the higher severity scores. The section below outlines **guidance on how to produce the aggregation using household-level data.**

1) Identified indicators that measure needs ('gaps') for each sector, capturing the following key dimensions: accessibility, availability, quality, use, and awareness. Set binary thresholds: does ("1") / does not ("0") have a gap;

2) Identified critical indicators that, on their own, indicate a gap in the sector overall;

3) Identified individual indicator scores (0 or 1) for each household, once data had been collected;

4) Calculated the severity score for each household, based on the following decision tree (tailored to each sector);

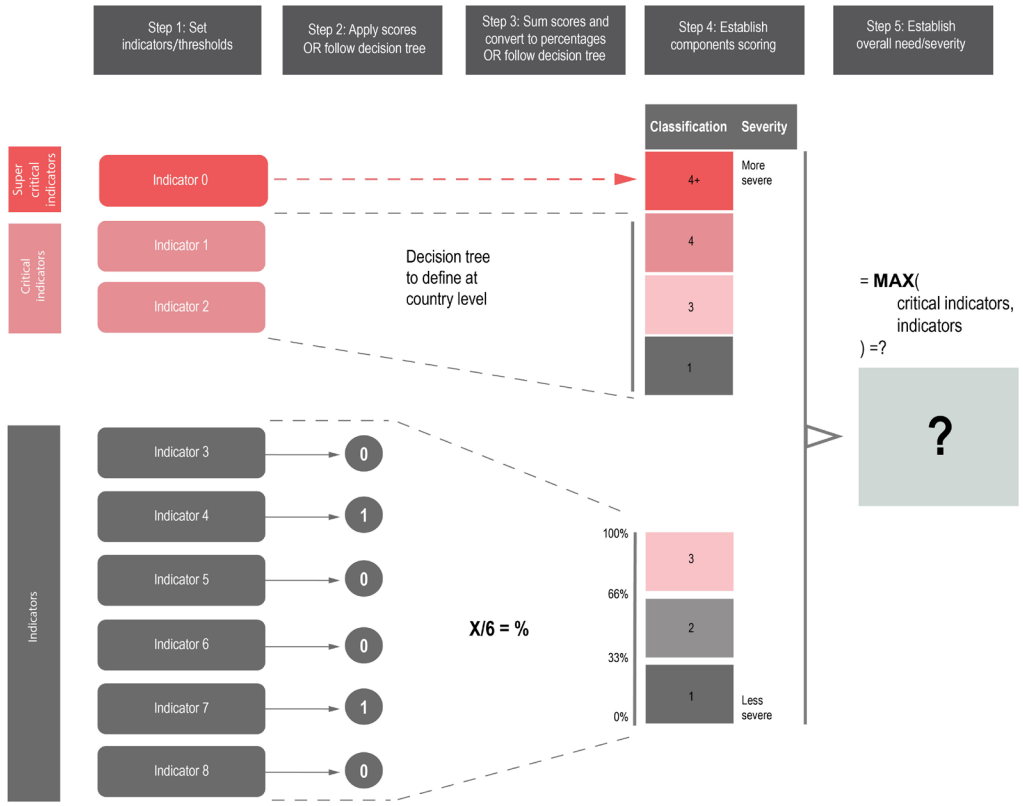
a. "Super" critical indicator(s): could lead to a 4+ if an extreme situation is found for the household;

b. Critical indicators: Using a decision tree approach, a severity class is identified based on a discontinued scale of 1 to 4 (1, 3, 4) depending on the scores of each of the critical indicators;

c. Non-critical indicators: the scores of all non-critical indicators are summed up and converted into a percentage of possible total (e.g. 3 out of 4 = 75%) to identify a severity class;

d. The final score/severity class is obtained by retaining the highest score generated by either the super critical, critical or non-critical indicators, as outlined in the figure 2 below;

Figure 2: Identifying LSG per sector with scoring approach - example



5) Calculated the proportion of the population with a final severity score of 3 and above, per sector. Having a severity score of 3 and above in a sector is considered as having a LSG in that sector;

6) Identified households that do not have a LSG but that do have a CG;

a. Identified individual indicators scores (0 or 1) for all CG indicators, amongst households with a severity score of 1 or 2;

b. If any CG indicator has a score of 1, the household is categorised as having a CG;

7) Projected the percentage findings onto the population data that was used to build the sample, with accurate weighting to ensure best possible representativeness.

ANNEX 3: ESTIMATING OVERALL SEVERITY OF NEEDS

The MSNI is a measure of the household's overall severity of humanitarian needs (expressed on a scale of 1 – 4+), based on the highest severity of sectoral LSG severity scores identified in each household.

The MSNI is determined through the following steps:

1) First, the severity of each of the sectoral LSGs is calculated per household, as outlined in the annex 2.

2) Next, a final severity score (MSNI) is determined for each household based on the highest severity of sectoral LSGs identified in each household.

- As shown in the example in Figure X below, household (HH) 1 has a final MSNI of 4 because that is the highest severity score, across all LSGs within that household.

Figure 3: Examples of MSNI scores per household based on sectoral analysis findings

	Sectoral LSG Severity Score						Final MSNI
	Food Sec	Health	WASH	Protection	Education	Etc.	
HH 1	**4**	**4**	**4**	**4**	3	3	**4**
HH 2	2	2	**4**	2	1	1	**4**
HH 3	3	3	3	**4+**	2	1	**4+**
Etc.	2	**3**	1	1	2	1	**3**

Key limitation: regardless of whether a household has a very severe LSG in just one sector (e.g. WASH for HH2 above) OR co-occurring severe LSGs across multiple sectors (e.g. food security, health, WASH, protection for HH1 above), their final MSNI score will be the same (4). While this might make sense from a "big picture" response planning perspective (if a household has an extreme need in even one sector, this may warrant humanitarian intervention regardless of the co-occurrence with other sectoral needs), additional analysis should be done to understand such differences in magnitude of severity between households. To do that, additional analysis outputs have been produced, as shown on page 8.

We are devoted to improving our outputs, so that we can continue supporting our partners and all actors within the humanitarian response. Please share your feedback to this factsheet here.

ANNEX 4: CRITICAL INDICATORS FEEDING INTO LSGs

June-August
Lower Shabelle

Critical indicators

Sector	Indicator	LSG Severity				
		None/Minimal	Stress	Severe	Extreme	Extreme ++
		1	2	3	4	4+
Education	% of HHs by most common barriers to accessing education faced by boys	No barriers OR Other	Recently or continuous movement to different locations, newly arrived at location and have yet to enrol/ register OR poor performance/dismissed OR The curriculum and teaching are not adapted for children (curriculum is not appropriate; language is not appropriate) OR Parental refusal to send children to school OR Lack of interest of children in education	Schools closed (for any reason) OR Schools overcrowded OR Distance to school too far / lack transportation OR School fees and/or cost of materials OR Inability to register or enrol children in the school (Lack of documentation to enrol child OR School and classes are overcrowded OR Lack of staff to run the school (Lack of teachers, lack of skilled/ trained teachers, lack of gender appropriate teachers/staff) OR School is in poor condition (e.g. lack of furniture, no electricity, water leaks, poor latrines, poor amenities, etc.) OR WASH facilities are in poor conditions OR WASH facilities are not separated by gender	No schools present OR unable to enrol school due to discrimination OR Children cannot physically go to the school (Disability (of child), traumatization (of child), school is too far away, no transport available to bring to school, no fuel available to bring to school, child ill, disabled or unhealthy, child is too young) OR Children are busy working or supporting the household OR Security concerns of child travelling or being at school	-
Education	% of HHs by most common barriers to accessing education faced by girls	No barriers OR Other	recently or continuous movement to different locations, newly arrived at location and have yet to enrol/ register OR poor performance/dismissed OR The curriculum and teaching are not adapted for children (curriculum is not appropriate; language is not appropriate) OR Parental refusal to send children to school OR Lack of interest of children in education	Schools closed (for any reason) OR Schools overcrowded OR Distance to school too far / lack transportation OR School fees and/or cost of materials OR Inability to register or enrol children in the school (Lack of documentation to enrol child OR School and classes are overcrowded OR Lack of staff to run the school (Lack of teachers, lack of skilled/trained teachers, lack of gender appropriate teachers/staff) OR School is in poor condition (e.g. lack of furniture, no electricity, water leaks, poor latrines, poor amenities, etc.) OR WASH facilities are in poor conditions OR WASH facilities are not separated by gender	No schools present OR unable to enrol school due to discrimination OR Children cannot physically go to the school (Disability (of child), traumatization (of child), school is too far away, no transport available to bring to school, no fuel available to bring to school, child ill, disabled or unhealthy, child is too young OR Children are busy working or supporting the household OR Security concerns of child travelling or being at school	-
Health	% of HHs were at least one member was sick in the two weeks prior to data collection and taking more than 1 hour to reach the nearest healthcare facility by foot	No illness OR All other modes of transportation OR Time taken to HCF less than 1 hour by foot	-	-	Yes to any illness AND Time taken to HCF greater than 1 hour by foot	-
Health	% of women of reproductive age (15-49 years) with a live birth in the last two years who during the most recent live birth were attended at least once by a skilled health personnel	Doctor OR Nurse / midwife OR Other health professional (specify) OR Traditional birth attendant OR Community health worker	-	Relative / friend OR Other (specify)	-	No one
Health	% of households that do not have access to a functional healthcare facility within 1-hour walking distance	Less than 1 hour walking OR All other modes of transport	-	-	More than 1 hour walking	-

ANNEX 4: CRITICAL INDICATORS FEEDING INTO LSGs

June-August
Lower Shabelle

Critical indicators..

Sector	Indicator	LSG Severity				
		None/Minimal	Stress	Severe	Extreme	Extreme ++
		1	2	3	4	4+
Nutrition	% of HHs with children currently ill	No (to both questions)	-	Yes, for less than 7 days (to any)	Yes, for 7 or more days (to any)	-
Nutrition	% of HHs with children feeding or eating normally	Yes, eating and feeding normally	-	No, for less than two days	No, for three or more days	-
Nutrition	% of HHs with barriers to accessing nutrition services or treatment	None	Unaware that services are available OR Unaware that supplements are available OR Facilities not staffed or staff not present OR Not enough female/male service providers for female/male claimants,	Difficulty in enrolling children in programmes OR Facilities too far to travel to OR Prohibitive costs	Insecurity in travelling to and from centres OR Inaccessible to disabled persons OR Inaccessible to minority groups/clans	-
WASH	% of HHs having access to an improved water source	Improved water source AND time taken is less than 30 mins	-	Unimproved water source (except surface water) OR Collection time is more than 30 minutes	-	Water comes directly from rivers, lakes, ponds, etc.
WASH	% of HHs without access to a sufficient quantity of water for drinking	Sufficient water for drinking	-	-	Insufficient water for drinking	-
WASH	% of households without access to soap at home	Yes	-	No	-	-
WASH	% of HHs having access to a functional and improved sanitation facility	Access to an improved sanitation facility	-	Access to an unimproved sanitation facility OR Sanitation facility shared with more than 3 households	No latrine (open defecation)	-
WASH	% of HHs having a sanitation facility safe for all members to use	7 or more features available	-	6 or fewer features available	-	-
SNFI	% of HHs with access to a safe and healthy housing enclosure unit (1)	Stone OR Brick OR Normal house	CGI OR Mud OR Collective shelter OR Timer and plastic sheet with CGI roof OR CGI sheet wall and CGI roof If Buul outside an IDP Site	Unfinished OR Tent	Buul in an IDP Site OR Makeshift shelter	None (sleeping in open) OR (Shelter Type ="" AND No. of shelter = 0)
SNFI	% of HHs whose shelter solutions meet agreed technical and performance standards	Opening or cracks in roof, Broken or cracked windows, Some cracks in some walls, Damaged floors Foundation, damaged or shifted Gas, water or sewage system, damaged Electricity supply line, damaged and not functional and Other	-	Roof partially collapsed Exterior doors broken / unable to shut properly Exterior doors or windows missing Large cracks / openings in most walls Some walls fully collapsed Total structural collapse	Severe structural damage and unsafe for living	-
SNFI	% of HHs with access to vital Household NFIs (protracted crisis OR Sudden onset)	All items present	5-27 items present	2-5 items present	1 item present	-
Protection	% of HHs that have suffered incidents affecting HH members in the last 30 days (1)	No	-	Yes	-	-
Protection	% of HHs that have experienced movement restrictions in the last 30 days (1)	No	-	Yes, between districts	Yes, between blocks or camps	Yes, within the block or camp

ANNEX 4: CRITICAL INDICATORS FEEDING INTO LSGs

Non-critical indicators

Sector	Indicator	Classification	
		Not in Need (0)	In Need (1)
Education	% of HHs by type of educational facility used	Primary school for boys, Primary school for girls, Primary mixed school for boys and girls, Secondary school for boys, Secondary school for girls, Secondary mixed school for boys and girls, Quranic school for boys, Quranic school for girls, NGO mobile school, Basic writing and numeracy classes for boys Basic writing and numeracy classes for girls	None
Education	% of households taking more than 1 hour travel by foot to reach educational facilities	Less than 1 hour walking OR All other modes of transport	More than 1 hour walking
Education	% of school-aged children (who were previously attending school) continuing teaching and learning activities remotely (where schools are closed)	All	Some OR None
Health	% of HHs able to access care in the past six months	Yes OR No, did not seek any healthcare	No
Health	% of HHs identifying site of care	Private hospital / clinic OR Private physician OR Private pharmacy OR Other private medical (specify) OR Government hospital OR Government health center OR Government health post OR Other public medical (specify) OR Community health worker OR Mobile clinic	Relative / friend OR Shop / market / street OR Traditional practitioner OR Other (specify)
Health	% of HHs with unvaccinated children	No	Yes
Health	% of HHs identifying reason children have not been vaccinated	No issues OR Have not tried to access medical services, Did not get access to qualified health staff at the health facility OR Public health clinic not open"	Cost of services and/or medicine was too high OR Problems with civil documents OR Public health clinic did not provide referral OR The treatment center was too far away/Transportation constraints OR No medicine available at health facility/pharmacy OR No treatment available for my disease at the health facility, Medical staff refused treatment without any excuse OR Health services inaccessible to people with disabilities"
Health	% of HHs with women who gave birth in a medical facility in the past year	Government hospital OR Government clinic OR Health center OR Government health post OR Other public health facility (specify) OR Private hospital OR Private clinic OR Private maternity home OR Other private health facility (specify)	Respondent's home OR Other home
Health	% of HHs with barriers to accessing health care	No issues OR Have not tried to access medical services, Did not get access to qualified health staff at the health facility OR Public health clinic not open	Cost of services and/or medicine was too high OR Problems with civil documents OR Public health clinic did not provide referral OR The treatment center was too far away/Transportation constraints OR No medicine available at health facility/pharmacy OR No treatment available for my disease at the health facility AND Medical staff refused treatment without any excuse OR Health services inaccessible to people with disabilities
Nutrition	% of HHs who perceive their children to be too thin	No	Yes
Nutrition	% of HHs with children enrolled in a nutritional centre or therapeutic feeding centre in the past 6 months?	No	Yes
Nutrition	% of HHs who require more than one hour to reach the nearest nutritional centre or therapeutic feeding centre	Less than 1 hour walking OR All other modes of transport	More than 1 hour walking
WASH	% of HHs without access to a sufficient quantity of water for cooking, bathing, washing or other domestic use	Sufficient water for all purposes, Insufficient water for other domestic purposes	Insufficient water for personal hygeine, Insufficient water for cooking

ANNEX 4: CRITICAL INDICATORS FEEDING INTO LSGs

Non-critical indicators..

Sector	Indicator	Classification	
		Not in Need (0)	In Need (1)
WASH	% of HHs having a sanitation facility safe for all members to use	7 or more features available	6 or fewer features available
WASH	% of HHs having problems related to sanitation facilities access - by type of problem	No problem, Lack of sanitation facilities (latrines/toilets) / facilities too crowded Sanitation facilities (latrines/toilets) are unclean/unhygienic"	Sanitation facilities (latrines/toilets) are not functioning or full, Sanitation facilities (latrines/toilets) are too far, Sanitation facilities (latrines/toilets) are difficult to reach (especially for people with disabilities) Some groups (children, women, elderly, ethnic minorities, etc.) do not have access to sanitation facilities (latrines/toilets) Sanitation facilities (latrines/toilets) are not private (no locks/door/walls/lighting etc.) Sanitation facilities (latrines/toilets) are not segregated between men and women, Going to the sanitation facilities (latrines/toilets) is dangerous
WASH	% of HHs disposing of waste in open	Covered pit OR Burial in designated areas	Burning (near or far from home) OR In open
WASH	% of HHs where female HH members of menstruating have problems related to menstrual material - by type of problem	No problems	No supplies available to purchase, Cannot afford to puchase supplies
SNFI	% of households living in crowded shelter conditions	SD≤1, 1<SD≤2	2<SD≤2.5, 2.5<SD
SNFI	% of HHs with access to a safe and healthy housing enclosure unit (2)	None of the above, Leaks during light rain, Limited ventilation (less than 0.5m2 ventilation in each room including kitchen), Presence of dirt or debris (removable)	Leaks during heavy rain, Presence of dirt or debris (non-removable) Lack of insulation from cold
SNFI	% of HHs with access to a functional domestic living space	Other (specify) None of the above Unable to lock home securely	Lack of privacy inside the shelter (no partitions, doors), lack of space inside shelter (min 21m2 per hh), Cooking facilities are unsafe, Lack of lighting inside the shelter, Lack of lighting around the shelter, Bathing facilities are unsafe, Lack of bathing facilities, Lack of cooking facilities, Theft, Other security incidents, Fire, Poor construction or materials (risk of collapse)
SNFI	% of HHs by occupancy status	Ownership, Rented, Hosted without rent (by family, friends, institution)	No occupancy agreement / squatting, Other (specify)
SNFI	% of HHs with documentation proving occupancy status	Yes	No
SNFI	% of HHs with housing, land and property issues	Disputes about rent (including payment) between landlord and tenant Rules and processes on housing and land not clear Inheritance issues None	Lack or loss of housing land tenancy or ownership documents Looting of private property, Threat of eviction/harassment by landlord or others, Disputed ownership, Property unlawfully occupied by others (secondary occupation), Other
Protection	% of HHs with child-friendly spaces in their community	Yes	No
Protection	% of HHs with medical, legal, or social services for children available in their community	Yes	No
Protection	% of HHs reporting awareness of medical, legal, or psychological services to address incidents of GBV	Yes	No
Protection	% of HHs reporting areas in their community that girls or women do not feel safe	No	-
Protection	% of HHs reporting areas in their community that boys or men do not feel safe	No	-
Protection	% of HHs reporting awareness of GBV incidents in their community in the past 30 days	No	-

ASSESSMENT CONDUCTED IN THE FRAMEWORK OF:

June-August
Lower Shabelle

Somalia Assessment Working Group

Somalia Information Management Working Group

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About REACH:
REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).